

**I. Walmart's Commitment to Healthcare Accessibility and Non-Discrimination and Ways to Raise Issues regarding Accessibility or Discrimination**

Walmart is committed to making its healthcare services accessible to all seeking to use them and provides auxiliary aids and services, including language assistance services, to patients at no cost. Walmart will not discriminate on the basis of race, color, national origin, sex, age, or disability and will not retaliate against anyone who raises a complaint of discrimination.

To raise a complaint or initiate a grievance regarding healthcare accessibility or discrimination, please contact your local Walmart pharmacy, vision center or care clinic. You also have the right to raise concerns or to initiate a formal accessibility or discrimination grievance by contacting either (1) the office of Walmart's Vice President, US Ethics & Compliance (1-800-WM-Ethic or [ethics@walmart.com](mailto:ethics@walmart.com)) or (2) the Office of Civil Rights, U.S. Dept. Health & Human Services (1-800-368-1019 or [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)).

**II. Healthcare-Related Language Assistance Services-Limited English Proficiency (LEP)**

<b>Arabic</b> عربي خدمات الترجمة الفورية متاحة دون تكلفة. برجاء زيارة فرع Walmart المحلي للمساعدة.	<b>Haitian Creole</b> kreòl ayisyen Gen Sèvis entèprèt ki disponib gratis. Tanpri, ale nan Walmart lokal ou a pou w jwenn èd.	<b>Romanian</b> Română Serviciile de interpretariat sunt disponibile gratuit. Pentru asistență, vizitați magazinul Walmart local.
<b>Burmese</b> မြန်မာ စကားပြန်ဆောင်ရွက်ပုံကို အခမဲ့ ရရှိနိုင်ပါသည်။ အကူအညီအတွက် သင့် အခမဲ့ Walmart သို့ တွေ့ဆုံခြင်း အလုပ်အကိုင်အတွင်းပါ။	<b>Japanese</b> 日本人 通訳サービスは無料でご利用いただけます。サービスの利用については、最寄りのWalmartサイトを訪ねてください。	<b>Russian</b> Русский Переводческие Услуги оказываются бесплатно. Пожалуйста, обратитесь за помощью в ближайший магазин Walmart.
<b>Chinese Cantonese</b> 漢語廣東話 翻譯服務免費提供。請前往您當地的 Walmart 尋求協助。	<b>Korean</b> 한국어 통역 서비스를 무료로 이용하실 수 있습니다. 지원을 받으시려면 지역 Walmart에 방문해 주십시오.	<b>Somali</b> Af Soomaali Adeegyada Turjumaanka waxaa lagu helli karaa kharash la'aan. Fadlan booqo Walmart kaaga maxaliga ah wixii caawimo ah.
<b>Chinese Mandarin</b> 汉语普通话 翻译服务免费提供。请访问您当地的 Walmart 寻求帮助。	<b>Polish</b> polski Usługi tłumacza dostępne są bez żadnych kosztów. Aby uzyskać pomoc proszę odwiedzić lokalny Walmart.	<b>Spanish</b> Español Los servicios de interpretación están disponibles de manera gratuita. Visite la tienda Walmart local para recibir ayuda.
<b>Farsi</b> فارسی خدمات مترجم بدون هیچ هزینه ای در دسترس می باشد. برای کمک لطفاً به شعبه محلی خود مراجعه کنید. Walmart	<b>Portuguese (Brazil)</b> Português (Brasil) Serviços de interprete estão disponíveis grátis. Por favor, visite seu Walmart local para assistência.	<b>Swahili</b> Kiswahili Huduma za tafsiri zipo bila malipo. Tafadhali tembelea Walmart iliyo karibu nawe kwa usaidizi.
<b>French</b> français Des services d'interprètes sont disponibles sans frais. Rendez-vous dans votre Walmart local pour obtenir de l'aide.	<b>Punjabi</b> ਪੰਜਾਬੀ ਟੋਕਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਸਹਾਇਤਾ ਲਈ ਆਪਣੇ ਸਥਾਨਕ Walmart ਵਿਖੇ ਪਹੁੰਚੋ।	<b>Vietnamese</b> Tiếng Việt Dịch Vụ Thông Dịch có sẵn miễn phí. Vui lòng đến Walmart tại địa phương của bạn để được hỗ trợ.

**English Translation:**  
 Interpreter Services are available at no cost. Please visit your local Walmart for assistance.

**NPP QR Code**



**III. Patient Notice of Privacy Practices:** Walmart's current Notice of Privacy Practices is available electronically at <http://corporate.walmart.com/privacy-security/notices/> or by using the QR Code above. It is also physically posted at your local Walmart pharmacy, vision center or care clinic where we are always happy to print a copy upon request.

**IV. Patient Bill of Rights-Responsibilities of Provider and Patient**

**Responsibilities of the Provider:** 1. Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care; 2. Participate in the development and periodic revision of the plan of care; 3. Refuse care or treatment after the consequences of refusing care or treatment are fully presented; 4. Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the client/patient will be responsible; 5. Have one's property and person treated with respect, consideration and recognition of client/patient dignity and individuality; 6. Be able to identify visiting personnel members through proper identification; 7. Be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of client/patient property; 8. Voice grievances/complaints regarding treatment or care, lack of respect of property or recommend changes in policy, personnel or care/service without restraint, interference, coercion, discrimination or reprisal; 9. Have grievances/complaints regarding treatment or care that is (or fails to be) furnished or lack of respect of property investigated; 10. Choose a health care provider, including choosing an attending physician; 11. Confidentiality and privacy of all information contained in the client/patient record and of Protected Health Information; 12. Be advised on agency's policies and procedures regarding the disclosure of clinical records; 13. Receive appropriate care without discrimination in accordance with physician or provider orders; 14. Be informed of any financial benefits when referred to an organization; 15. Be fully informed of one's responsibilities; 16. Receive information about the scope of services the organization will provide and specific limitations on those services.

**Responsibilities of the Patient:** 1. To provide complete and accurate information concerning your present health, medication, allergies, etc., when appropriate to your care/service; 2. To be involved, as needed and as able, in developing, carrying out and modifying your home care service plan, such as properly cleaning and storing your equipment and supplies; 3. To properly clean and maintain equipment and supplies; 4. To contact us with any questions or problems concerning your equipment, supplies or service; 5. To notify your attending physician or provider when you feel ill; 6. To notify us prior to changing your place of residence or your telephone number; 7. To notify us when encountering any problem with equipment or service; 8. To notify us if your physician or other provider modifies or ceases your prescription; 9. To notify us of denial and/or restriction of our privacy policy.

**V. Medicare DMEPOS Supplier Standards.** The products and/or services provided to you by Wal-Mart Stores, Inc. are subject to the supplier standards contained in the Federal regulations shown at 42 Code of Federal Regulations Section 424.57(c). These standards concern business professional and operational matters (e.g. honoring warranties and hours of operation). The full text of these standards can be obtained at [www.ecfr.gov](http://www.ecfr.gov). Upon request we will furnish you a written copy of the standards.

**VI. Warranty Information.** Every product sold or rented by our company carries a one-year manufacturer's warranty. We will notify all Medicare beneficiaries of the warranty coverage, honor all warranties under applicable law, repair or replace, free of charge, Medicare-covered equipment under warranty. In addition, an owner's manual with warranty information will be provided to beneficiaries for all durable medical equipment when this manual is available.

**VII. Customer Service Concerns (other than accessibility or discrimination): You May Contact Us at (800) WAL-MART.** Within five days of receiving a complaint you will be contacted by telephone, email, fax or letter that we have received your complaint. Within 14 calendar days we will provide a written notification of the results of your inquiry and the resolution. You may call (800) WAL-MART if you have a concern regarding fraud and abuse or any treatment or services provided by our organization or you may contact Accreditation Commission for Health Care (ACHC) at 1-919-785-1214 or 1-855-937-2242 if your complaint is not resolved. You can also call the Office of Inspector General at 1-800-447-8477.